AHRQ's Primary Care Practice Facilitation Forum

This email newsletter is the first step in building a learning network for individuals with an interest in practice facilitation. We are using this listserve to share perspectives on questions and answers submitted by learning forum members, as well as resources, research articles, and events of interest.

August 10, 2012

Perspectives from the Field

How does a program decide whether to invest time and resources in face-toface meetings or site visits and when to deploy virtual methods?

Below are some perspectives from PF expert Kathryn Phillips, MPH, Director, Safety Net Medical Home Initiative, Qualis Health.

Other programs are likely to have different perspectives, depending on their focus, context, and other factors. How does your experience compare? Please submit your responses to PracticeFacilitation@mathematica-mpr.com and we will share them in upcoming newsletters.

Kathryn Phillips: We have worked with practice facilitators and sites for the past three years and we have conducted many events, both face-to-face and virtual.

We've learned that virtual methods, if planned and executed well, are useful and effective, but they do have some significant limitations. Virtual methods (webinar, phone, or social networking platforms) are effective for teaching specific and sequential content. Teaching a practice site how to use an interactive excel spreadsheet that auto-calculates panel size based on practice demographics is a good example. It's 'how to' content. Virtual methods are also effective for addressing basic Q&A for small- to medium-sized groups, and providing access to tools (email and websites are particularly helpful tools). Case studies can also be effectively shared over the phone or via a webinar.

But what doesn't work so well? Teaching complex or interconnected content is more challenging; for example, the importance of engaged leadership, or how team-based care can change the culture and flow of a clinic and lead to improvements in access and care coordination. Networking via social media is possible, but we have not found it to be as effective or meaningful as what happens "face-to-face" during in-person learning sessions or other types of events. Providing motivation for change/inspiration and sharing ideas on changing practice culture are also best conducted face-to-face. And lastly, when you want a

team to work together while receiving content/education/support, that's better done face-to-face. It's tempting to think that practice teams will sit together in a break room at their clinic and listen to a webinar, discuss it, and create an action plan immediately after; but this tends not to happen without direction and facilitation, two types of support that are easier to provide at in-person events. At in-person events you control the learning environment, but on webinars, attendees are more likely to get distracted by competing priorities.

If your PF program has limited resources, invest in in-person events up-front (to maximize the opportunity to build relationships), and use them for content and activities that are difficult to accomplish using virtual methods – inspiration, personal connections, discussion groups, action planning, and the like.

Also, be thoughtful about your audience's ability to engage with virtual methods. Many clinic staff do not have ready access to a personal computer, so regular email exchanges and social networking may be particularly challenging. Conversely, if you are serving practice sites that are spread over a wide geographic area, sites in remote areas, or sites with difficult weather, virtual methods may be more attractive and feasible, because travel is burdensome.

Resources

Check out the <u>PCPF Updates page</u> at the PCMH Resource Center (<u>www.pcmh.ahrq.gov</u>) for information about upcoming learning opportunities, previous editions of the PCPF eNewsletter, and slides and audio from previous Practice Facilitation Webinars.

Please also visit the PCMH Resource Center at www.pcmh.ahrq.gov to explore white papers, briefs, a searchable citations database, and other resources related to the Patient-Centered Medical Home and primary care improvement.

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